



“Child of Mine”

Solving Childhood Eating Problems

My mission is to help children and adults to be joyful and competent with eating.--Ellyn Satter

Feeding problems are as common as kids. Adults worry children don't eat the right food, they will eat too much or too little or they are finicky. Adults are distressed by mealtime showdowns over eating and are stumped by questions like whether to let children have dessert before they eat their vegetables and what to do about bizarre food habits.

Here's help! **Pam Estes, MS RD CD** is a member of the Ellyn Satter Institute, which is an organization dedicated to furthering eating competence and the feeding relationship.

She knows children, and how to feed children so it works. People who hear her speak say she is practical. Pam will help you learn how to put the fun back into meals, what to do so children can eat well, how to avoid common pitfalls in feeding children as well as what to expect from children and how they can take responsibility for their own eating.

Bring your questions to this interactive two hour lecture on how to feed children well. Part of the lecture is dedicated to audience questions.

Professionals in childcare, school food service, WIC, home visiting, nursing, family and childhood professions can benefit from this workshop. The Feeding Relationship/Dynamics Approach can be applied in many settings.

Ellyn Satter Institute Public Lecture

DATE: Monday
June 9th 2008

TIME: 6pm-8pm

Location: St. Peter's Hospital
Education Center
(East Entrance)
2475 Broadway
Helena, MT 59601

Register Now
By phone, mail, or e-mail

No Fee,
Pre-registration is required

For Registration Contact: Child and Adult Care Food Program

Phone: 1-888-307-9333
1-406-444-4347

E-mail: rmoog@mt.gov
or
dmcnally@mt.gov

Mail: DPHHS ECSB
Child and Adult Care Food Program
PO Box 202925
Helena, MT 59620-2925

For more information:
www.childcare.mt.gov
www.ellynsatter.com

** EPC Approved Training Hours

MAIL IN REGISTRATION FORM Ellyn Satter Institute: Public Lecture

Name _____
Last First Middle Initial

Title _____

Organization _____

Address _____

City/Town _____ State _____ Zip _____

Daytime Phone _____ Fax _____ E-mail _____

EPC Approved Training Hours offered _____

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